

# **Evaluation of the Jefferson County Protocol for the Assessment of Drug Affected Infants and Their Families**

Roberta M. Logan  
Kent School of Social Work  
University of Louisville

Maternal drug use during pregnancy has come to the forefront of legal and political debate within the medical community and child protective services (CPS). Drug abuse treatment and supportive services for the mother are immediate needs, as are follow-up and aftercare services for the newborn.

The state of Kentucky has statutes which require the reporting of drug affected children to child protective services, which is required to follow up and assist the family in obtaining resources and services. Jefferson County, Kentucky developed a practice protocol in 2003 that aims to improve the identification of drug affected infants, reporting, and drug abuse treatment. The Jefferson County Protocol for the Assessment of Drug Affected Infants and Their Families was developed as a collaboration between several agencies - including hospitals, a drug treatment center, child protective services, and the drug court. The purpose of this mixed method study was to look at current utilization of the protocol and assess for needed changes. There were quantitative and qualitative aspects of the study.

## ***PART I***

Part I consisted of a quantitative assessment, specifically a one-group post test only assessment, focusing on family outcomes after intervention from child protective services. The purpose was to describe selected properties and dimensions of the family outcomes related to the protocol. Chart reviews of all child protective cases from 2004 (N=77) involving drug affected infants were conducted. Data on demographics, reporting hospital, drug type, investigative outcome, removal of child, and drug treatment was recorded. This data was used to determine if child protective services are following the protocol and effectiveness associated with the protocol.

The demographic data showed a mean age of 27.94 (s.d. = 6.37), ranging from 17-41. The sample was 57.1% white and 42.9% African American. No other races were represented. Approximately 61% were single, 30% were cohabitating, 8% were married and 1% were divorced. Of those reviewed 38 had a history of CPS referrals, 9 had a history of drug affected infant referrals, & 20 no longer have custody of other children. In Jefferson County social and health services are for the most part delivered at 8 service locations based on geographic areas and number of children living in poverty. These are referred to as Neighborhood Places: 810 Barrett (14), Cane Run (12), First (10), South Jefferson (10), Bridges of Hope (9), South Central (8), Ujima (7), Northwest (6), and 1 unknown. All hospitals reported to CPS: Baptist East (4); Norton's Hospital (25); Norton Suburban (11); and University of Louisville Hospital (28). Also Kosair's Children's Hospital made 8 reports and one report came out of Indiana. The top two drugs found in the infant's drug screens were Marijuana (36%) and cocaine (45.3%).

Positive findings of child maltreatment occurred in 60 cases. There were 39 of the 77 (50.6%) babies removed from maternal parental custody. Of those removed (N=39), 26 were placed with relatives and the remaining 13 went into foster care. There were referrals for drug treatment at the Jefferson Alcohol and Drug Abuse Center for 74% (N=57/ 77) with 40 women voluntarily participating in services by the end of the investigation. Also 13 of the 77 women were referred to Drug Court to voluntarily participate in an intense drug treatment program which has consequences such as jail time. Other service linkages were 4 C's (8), Infant Resource (2), Kinship Care (10), other drug treatment (7), KY Cares (1), Mental Health (1), First Steps (6), and HANDS (2). Fifty-three were transferred to ongoing services within CPS while the remaining twenty-four cases were closed.

The study found that these families were being assessed for safety and referred for drug treatment services. There is some concern over low-reporting numbers in relation to population size in Jefferson

County, which might be attributable to stereotyping of those who fit the mold or physicians having a low suspicion index. Neighborhood Places with more reports should emphasize prevention and early treatment in their service area. As a whole we felt like there should have been more community linkages for the families. Limitations for the study include inconsistent documentation of the assessment and tracking issues. A primary strength of the study was that this was the first time to study the process and outcome of the protocol used with this population.

## ***PART II***

Part II examined how the Jefferson County Protocol for the Assessment of Drug Affected Infants and Their Families has been implemented within the hospital setting as staff assess and report possible neglect related to drug use during pregnancy. Face-to-face semi-structured interviews were conducted with eight informants from University of Louisville Hospital, Norton Hospital, Norton Suburban Hospital, and Baptist Hospital East. The interview focused on use of the protocol, obstacles in implementation, and recommendations. Data analysis incorporated Tesch's Organizing System - responses were coded by theme and compared for patterns.

All hospitals used the protocol. Yet, variation of the criteria used to detect possible drug affected infants was noted. Another respondent stated "If they (physicians) use it at one hospital, they will use it at the next. It's spilling over." Another hospital respondent indicated that their policy was in place prior to the protocol. Obstacles in implementation were lab errors, discharge while waiting on lab results, inadequate urine samples of infants, unreliable histories from moms, moms having a positive screen while infants have a negative screen, and motivating moms to seek treatment. Also moms become upset over testing of infant. "You had no right to test my baby!" was noted as a common statement from moms. Recommended changes to the protocol were inclusion of psychiatric illnesses and homelessness as possible criteria to test for maternal drug abuse, adding definitions of drug types, encouraging catheter orders for infants immediately after birth, an emphasis on prenatal drug treatment, and greater focus on alcohol. We also asked about legislative recommendations for practice. Recommendations ranged from stricter laws on prenatal drug abuse, abuse of prescribed medications, mandated treatment, and redefining the definition of a "person" (Fetus vs. Infant).

There was overwhelming support for the protocol. Respondents reported that it has enhanced practice, denying any impediments. Positive responses related to utilization were follow-up visits by CPS, specific path to go down, and greater identification by looking at protocol criteria. Limitations of the study were small sample size, subjective data, and two were respondents unfamiliar with the specific protocol but they followed a similar process for testing and reporting. Strengths of the study was that this was the first time implementation of the Jefferson County Protocol was reviewed and the interview allowed for a great deal of elaboration and discussion.

## ***PRACTICE & POLICY***

As a result of the Evaluation of the Jefferson County Assessment for Drug Affected Infants & Their Families, it will be reviewed for changes, specifically early treatment and prevention by community service providers. It is important to note that there is current discussion of an interagency training and a focus on joint assessments by CPS and drug treatment professionals. We also recommend the forming of multidisciplinary teams for case consultation and more service linkages for the families. Information from longitudinal studies of this population is needed for further practice evaluation. Also future studies could interview obstetricians and pediatricians as well as focusing on treatment process and abstinence. Collectively these studies indicate greater emphasis on assessment of drug and alcohol abuse using the protocol criteria, training on reviewing results, when and how to get urine samples from infant, better tracking as it relates to reporting at CPS, and more service linkages for these families.



# Evaluation of the Jefferson County Protocol for the Assessment of Drug Affected Infants

Roberta Logan  
University of Louisville  
Kent School of Social Work

# Quantitative Introduction

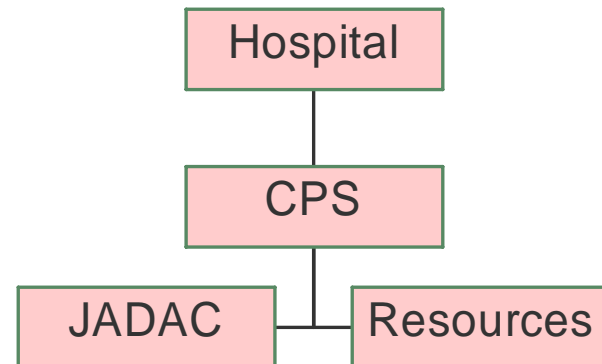
- 5.5% pregnant women use an illicit drug (221,000)
- 375,000 drug exposed infants born
- Birth Defects leading cause infant mortality
- 10-15% inner-city communities illegal drugs in utero

National Institute on Drug Abuse. (1996). Kilbey & Asghar. (1991). Kandall. (1993).

- ***PROTOCOL***

Hospital reports Positive Infant Drug Screens to CPS (Child Protective Services) who refers mom to JADAC (Jefferson Alcohol & Drug Abuse Center) Project Link Program and other services.

*Developed in 2003 by Jefferson County Drug Affected Infant Workgroup*





# Quantitative Questions

- What are characteristics of mom?
- How does reporting compare by service area & hospital?
- What are investigative outcomes?
- Are families being referred to drug treatment?
- What other services being linked to?



# Quantitative Design

## Design

- Pre-experimental
- One-group post test only
- Chart Review

## Sample

- Non-probabilistic  
(available/ accessible  
charts)
- CPS DAI cases 2004

77 charts

## Variables

- Age, Race, Marital
- CPS History
- Service Area
- Hospital
- Removal & Placement
- Finding & Case Status
- Drug Treatment
- Other Services

# What are characteristics of mom?

## Age

Mean = 27.94  
(s.d.= 6.37)

Range 17-41

## Marital

Single = 60.5%

Cohabiting = 30.3%

Married = 7.9%

Divorced = 1.3%

## Race

White = 57.1%

African American = 42.9%

## History

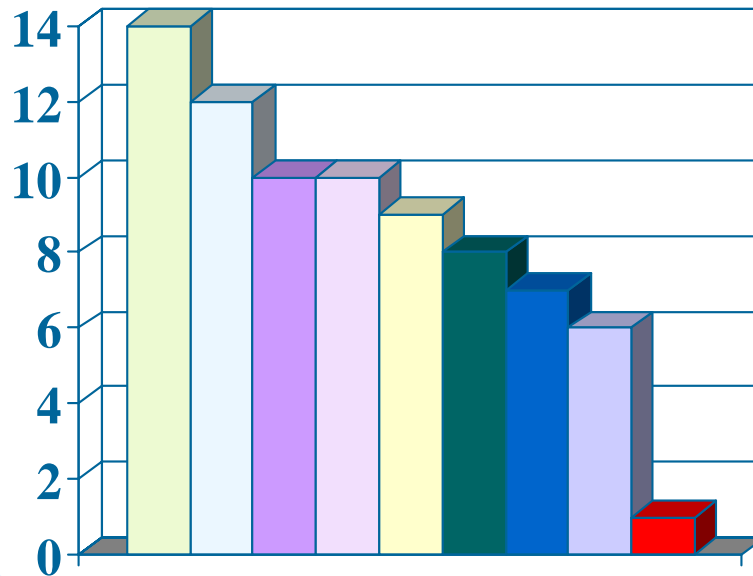
CPS Referrals = 38

DAI Referrals = 9

No Custody other children = 20



# How does reporting compare by service area?



**Neighborhood Places-social & health service centers based on geographic areas and the number of children living in poverty.**

- 810 Barrett
- Cane Run
- First
- South Jefferson
- Bridges of Hope
- South Central
- Ujima
- Northwest
- Unknown



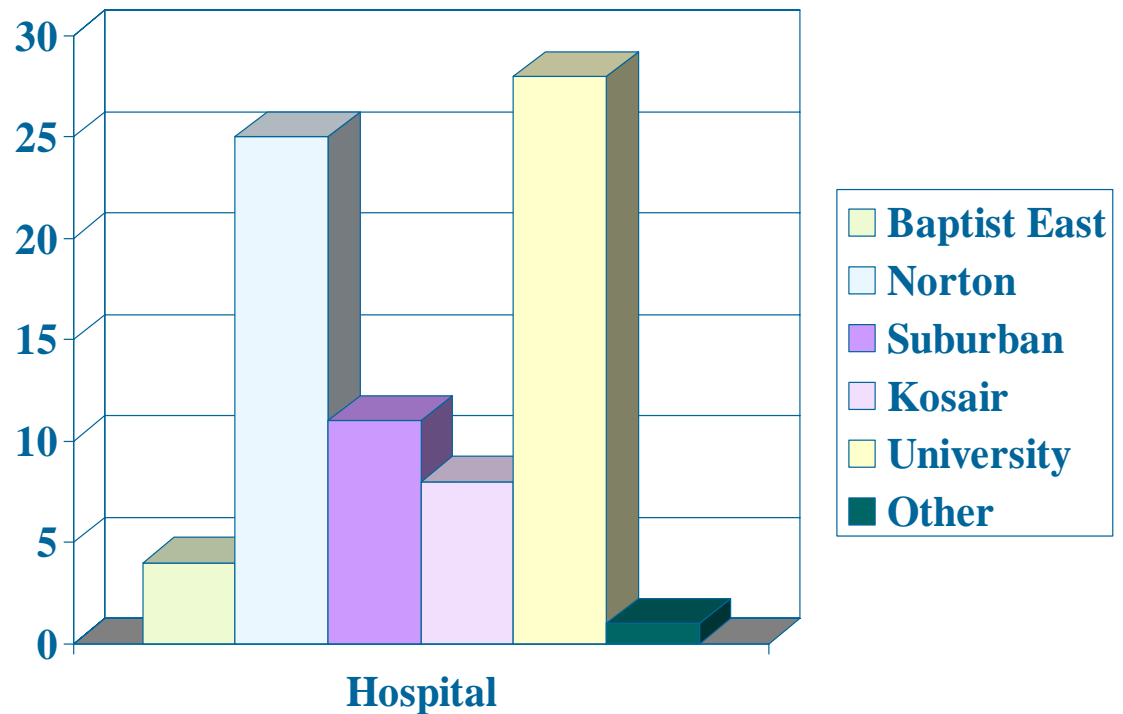
# How does reporting compare by hospital?

## Drug Screen

Marijuana = 36%

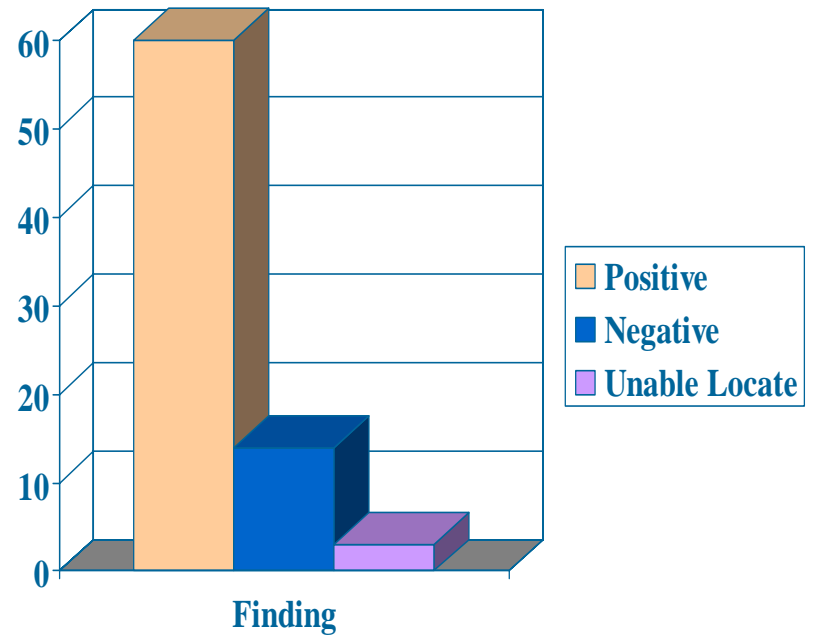
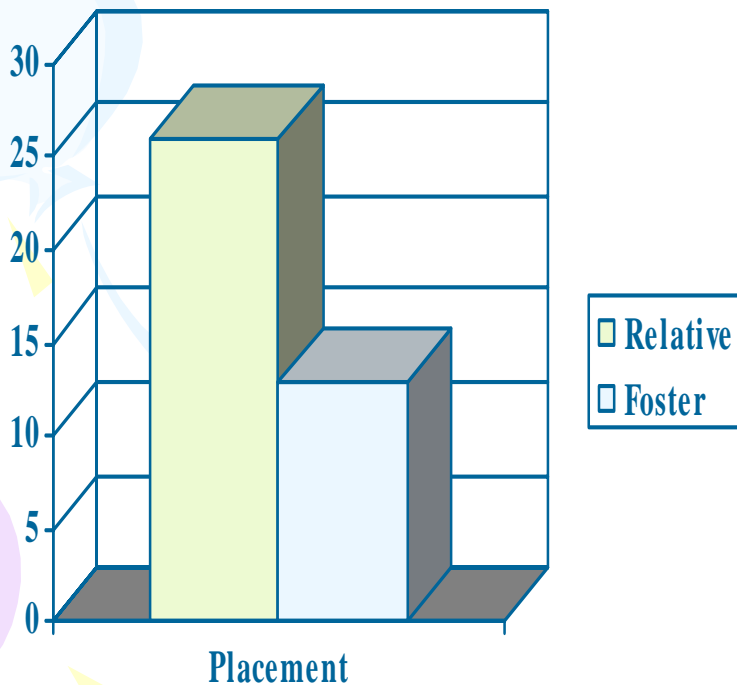
Cocaine = 45.3%

Other = 18.7%



# What are investigative the outcomes?

Removals = 39  
(50.6%)



Ongoing = 53  
(68.8%)

# Are families being referred to drug treatment?

## JADAC Referrals

57 (74%)

Actual Participation (N=57/ 77)

Outpatient = 33

Inpatient = 7

## Drug Court

Intense Drug Treatment  
Program within Court System  
for families who have had  
removal of a child.

13  
(16.9%)

- Parental drug dependence associated with neglect during crucial formative years.

(Cook, Peterson, & Moore, 1990).

- Staying at home with an addicted mother participating in intense rehabilitation can be the more promising and safer route.

(National Coalition for Child Protection Reform, 2004).



# What other services being linked to?

- Kinship Care = 10
- 4 C's = 8
- Other drug treatment = 7
- First Steps = 6
- Infant Resource = 2
- HANDS = 2
- KY Cares = 1
- Mental Illness = 1



# Quantitative Discussion

## Findings

- Stereotyping concerns-fitting mold & low suspicion
- Low reporting relation to Jefferson Co. pop. size
- CPS is assessing safety & referring for drug abuse treatment
- Lacking referrals to other resources
- Neighborhood Places with more reporting need to focus on prevention and early treatment

## Limitations

- Inconsistent documentation of assessment
- Tracking issues

## Strengths

- 1st study of Protocol process & outcomes



# Qualitative Introduction

- Drug testing may not be applied uniformly from hospital to hospital.
- Obligation to identify and assess for drug use
- High index of suspicion
- Assessment of Drug Abuse
  - Maternal interview
  - Laboratory tests
- Drug Screens
  - Mom & infant urine toxicology
  - Infant merconium toxicology



# Qualitative Questions

- What is your policy on reporting Drug Affected Infants?
- Describe any difficulties in following the protocol.
- What changes do you recommend to the protocol?
- What legislation would you recommend to enhance the practice with reporting Drug Affected Infants?

# Qualitative Design

- **Design**

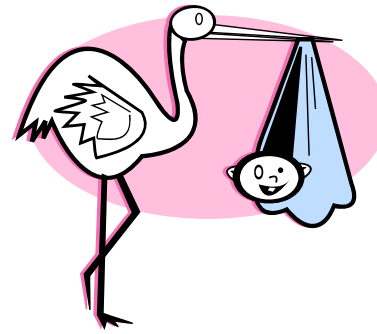
- Semi-structured interviews

- **Sample**

- 8 informants from each hospital who have been involved in the practice of the protocol.

- **Analysis**

- Tesch Organizing System - responses coded by theme & compared for patterns







# What is your policy on reporting Drug Affected Infants?

- Variation in use of assessment for drug abuse criteria as listed in protocol
- “We get the screen if we suspect use, especially if mom admits to use. Then we get the social services consult. And from there it goes to CPS, who follows up.”
- “If they use the protocol at one hospital, they will use it at the next. It’s spilling over.”
- Policy in place prior to protocol

# Describe any difficulties in following the protocol.

Lab Errors	Lab Wait	Late Test Miss first urine sample	Inadequate Infant Urine Sample
Discharge before getting results	Stereotyping Fit the mold	Unreliable History	Mom's Consent for her drug screen
"You had no right to test my baby!"	Empathy for mom	<u>Drug screen</u> + mom vs. - infant can't report!	Discussing Treatment with Mom



# What changes do you recommend to the protocol?

- Include homelessness & psychiatric problems as criteria
- Add definition of drug types
- Greater focus on alcohol abuse
- Encourage catheter for infant immediately after born
- Emphasis on prenatal drug treatment

A decorative background featuring several balloons in light green, light blue, and light purple, along with yellow streamers and triangular flags.

# What legislation would you recommend?

- Stricter laws on prenatal use
  - “Babies not given to mom unless she goes through some sort of treatment.”
  - “Legislation around consequences. Not jail but some sort of penalty.”
- Definition of Person redefined (fetus vs. infant)
- Reporting when mom positive & infant negative
- Specialized, case-managed treatment
- Law similar to protocol - screen & follow-up
- How abuse of prescribed medications should be handled



# Qualitative Discussion

- Overwhelming support for the protocol. Respondents only reported that it enhanced practice and denied any impeding of practice with drug affected infants and their families.
  - “I know baby is going to have a follow-up visit.”
  - “Catching more by looking at these criteria.”
  - “Specific path to go down.”
  - “Put whole issue on forefront.”
  - “More reception out in the community.”

**Limitations:** Subjective, Small Sample & Two respondents unfamiliar with protocol

**Strengths:** Interview allowed for elaboration & discussion and first study of implementation of protocol

# Putting it all together

## Practice

- Current discussion for
  - Interagency training
  - Joint assessments by CPS & drug abuse treatment staff
  - Early treatment & prevention by community service providers
- Other recommendations
  - multidisciplinary teams
  - review criteria
  - specialized treatment
  - Service referrals

(Healthy Start, HANDS, & First Steps)

## Future Studies

- longitudinal study
- treatment process & abstinence
- interview pediatricians and obstetricians





# Evaluation of the Jefferson County Protocol for the Assessment of Drug Affected Infants

Roberta Logan

University of Louisville

Kent School of Social Work